

**TOMAH MANOR APARTMENT APPLICATION:** This form must be filled out completely. If something does not apply to you mark the space with NA. Submit completed application and provide each household member's social security card and if issued all applicable driver license(s) to the address listed above. All adult household members must sign below certifying the information pertaining to them. Accommodation to address the needs of disabled individuals may be requested by contacting Tomah Public Housing Authority office. If additional space is needed, submit information on a separate sheet of paper. If you have any questions contact our office at (608) 374-7455 or via e-mail at [tomahpha@tomahonline.com](mailto:tomahpha@tomahonline.com). (rev 10/09/2019)

**PLEASE PRINT**

|   |                         |               |      |
|---|-------------------------|---------------|------|
| Head of Household Name:                           | e-mail Address:         |               |      |
| Current Street Address:                           | City:                   | State:        | Zip: |
| Home Phone Number:                                | Alternate Phone Number: |               |      |
| Mailing Address if different than street address: |                         |               |      |
| Emergency contact: Name:                          | Phone:                  | Relationship: |      |

**I. HOUSEHOLD** List ALL persons who will be living in your household. List Head of Household first.

| Legal Name of each household member | Date of Birth | Sex<br>M or F | Relationship to Head of Household | Social Security Number | Race | Optional Disabled |
|-------------------------------------|---------------|---------------|-----------------------------------|------------------------|------|-------------------|
|                                     |               |               | Head of Household                 |                        |      | Yes or No         |
|                                     |               |               |                                   |                        |      | Yes or No         |

**II. INCOME:** List ALL household income below:

**A. Employment, Unemployment & Self Employment Income**

| Family Member | Name of Employer or UC Agency | Address            | Self Employed Business Type | Gross Monthly Income |
|---------------|-------------------------------|--------------------|-----------------------------|----------------------|
|               |                               | Street City St Zip |                             |                      |
|               |                               |                    |                             |                      |
|               |                               |                    |                             |                      |

**B. Pension, Social Security (SS) & SSI Income** Include income from SSIE, PASS and other SS programs.

| Family Member | Monthly SS, SSD | Monthly SSI, SSIE, PASS | Monthly Pension/Annuity withdraw | Pension Received From/Address |
|---------------|-----------------|-------------------------|----------------------------------|-------------------------------|
|               |                 |                         |                                  | Street City St Zip            |
|               |                 |                         |                                  |                               |
|               |                 |                         |                                  |                               |
|               |                 |                         |                                  |                               |

**III. ADDRESS & RENTAL HISTORY:** Provide information on where household members have lived in the past 5 years, this may include landlords, family and/or friends.

|                               |                                 |                                |              |                                       |
|-------------------------------|---------------------------------|--------------------------------|--------------|---------------------------------------|
| Present Landlord Phone Number | Present Landlord Name & Address | Address of Present Rental Unit | Monthly Rent | How long did you reside in this unit? |
|                               |                                 |                                | \$           |                                       |
| Prior Landlord Phone Number   | Prior Landlord Name & Address   | Address of Prior Rental Unit   | Monthly Rent | How long did you reside in this unit? |
|                               |                                 |                                | \$           |                                       |
| Prior Landlord Phone Number   | Prior Landlord Name & Address   | Address of Prior Rental Unit   | Monthly Rent | How long did you reside in this unit? |
|                               |                                 |                                | \$           |                                       |
|                               |                                 |                                |              |                                       |
|                               |                                 |                                |              |                                       |

#### IV. PERSONAL REFERENCES

List three (3) references that are not relatives/family members

| Reference Name | Address | City | St | Zip | Home Phone # | Cell or Work # |
|----------------|---------|------|----|-----|--------------|----------------|
|                |         |      |    |     |              |                |
|                |         |      |    |     |              |                |
|                |         |      |    |     |              |                |

#### V. GENERAL INFORMATION

- Yes No Optional – Do you require a handicapped accessible unit?  
If yes what features do you require: \_\_\_\_\_
- Yes No Has any adult household member ever used a name or Social Security Number(s) other than the one listed (i.e. maiden name)? If yes, provide other SSN and/or Names and explain why they were used.  
\_\_\_\_\_
- Yes No Has any household member been convicted of a crime other than minor traffic violations?  
If yes, list all convictions including Driving Under the Influence (DUI or DWI) and list status of probation/parole. \_\_\_\_\_
- Yes No Is any household member a lifetime registered sex offender?  
If yes, please explain \_\_\_\_\_
- Yes No Do/Have you or any other member of your household owe money, been evicted or had you're a lease terminated by this Housing Authority or any other Landlord?  
If yes, please explain. \_\_\_\_\_

#### VI. RESIDENT SELECTION AGREEMENT & INFORMATION

I understand that my housing application will be verified based on the procedures established by this Housing Agency and I understand that my application may be denied/rejected for any one or any combination of the reasons listed below:

1. Unverifiable current and/or past rental history
2. Unacceptable current and/or past rental history
3. Owing money for current and/or past housing rentals
4. Failure to provide requested rental history or proof of residence
5. Unacceptable credit history
6. Have a recent history of criminal activity involving crimes to persons and/or property
7. Has been evicted from assisted housing within three (3) years of the projected date of admission because of drug-related criminal activity
8. Applicant is determined to be using illegally a controlled substance
9. There is reasonable cause to believe an applicant illegally uses a controlled substances or abuses alcohol in a way that may interfere with the health safety or right to peaceful enjoyment of the premises by other residents
10. Applicant has been convicted of any drug-related criminal activity
11. Failure to disclose requested information on the application
12. Providing false or misleading information on the application
13. Failure to provide requested information within in ten (10) business days of written request
14. Failure to provide required documentation of Social Security Number for each household member

**I/We do hereby swear and attest that all the information above about me/us is true, complete and correct. I/We also understand that any change in household members or household income can affect my/our eligibility. I/We understand that it is my/our responsibility to report changes in writing.**

Head of Household \_\_\_\_\_ Date \_\_\_\_\_

Spouse or Other Adult \_\_\_\_\_ Date \_\_\_\_\_

**WARNING:** Section 1001 of Title 18 of the U.S. code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction. Further, Wisconsin law and municipal codes also provide for prosecution of such behavior.

City of Tomah – Community Block Grant, Community Development, Housing Authority  
City Hall Annex – 107 E Milwaukee St, Tomah WI 54660

Mailing Address: 819 Superior Avenue, Tomah, WI 54660  
(608) 374-7455, Fax (608) 374-7458

---

**AUTHORIZATION FOR THE RELEASE OF INFORMATION**

---

**CONSENT**

I authorize and direct any Federal, State or local agency, organization, business or individual to release to the Tomah Public Housing Authority, Tomah, Wisconsin any information or materials needed to complete verifications for Rental Rehabilitation, Community Block Grant, Low Income Public Housing, or Section 8 Rent Assistance, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Dept. of Housing and Urban Development (HUD) in administrating and enforcing program rules and policies.

**INFORMATION COVERED**

I understand that based on program policies and requirements all household members previous or current information may be needed to determine program eligibility. Inquiries and verifications that may be requested, include but are not limited to:

|                                |                                   |
|--------------------------------|-----------------------------------|
| Identity                       | Employment, Income & Assets       |
| Verification of Marital Status | Medical and/or Childcare Expenses |
| Residences and Rental Activity | Criminal Activity                 |
| Credit History                 |                                   |

**GROUPS OR INDIVIDUALS THAT MAY BE ASKED**

The groups or individuals that may be asked to release the information includes but are not limited to:

|  |   |
|--|---|
| Current and/or Previous Landlords      | Veterans Administration                   |
| Public Housing Agencies                | Retirement Systems                        |
| Human Services/Welfare Agencies        | State Unemployment Agencies               |
| Clerk of Courts                        | Schools and Colleges                      |
| Banks and other Financial Institutions | Credit Providers & Credit Bureaus         |
| Social Security Administration         | Medical and Childcare Providers           |
| Law Enforcement Agencies               | Support and/or Alimony Providers/Agencies |
| Utility Companies                      | Current and/or Previous Employers         |
| U.S. Postal Service                    |   |

**CONDITIONS**

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the Housing Authority and will stay in effect for fifteen (15) months from the date signed. I understand that I have the right to review my file and correct any information that I can prove is incorrect.

**SIGNATURES**

Head of Household \_\_\_\_\_ Date \_\_\_\_\_  
(signature)

Spouse or Other Adult \_\_\_\_\_ Date \_\_\_\_\_  
(signature)

Spouse or Other Adult \_\_\_\_\_ Date \_\_\_\_\_  
(signature)